

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

*See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.*

PLAINTIFF	KENNETH HOLLAND		COURT CASE NUMBER	05 - 464 SLR
DEFENDANT	Kent Raymond		TYPE OF PROCESS	OIC
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
→	MORRIS COMMUNITY CORRECTIONS CENTER			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	300 WATER STREET, DOVER, DE 19901			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:				
<input checked="" type="checkbox"/> KENNETH HOLLAND #164800 D.C.C. 1181 Paddock Rd. BRYN Mawr, DE 19977				Number of process to be served with this Form - 285 1
				Number of parties to be served in this case 3
				Check for service on U.S.A. <input type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service*):  
 Fold

Signature of Attorney or other Originator requesting service on behalf of:		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
Kenneth Holland		<input type="checkbox"/> DEFENDANT	N/A	8-21-07

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date BF 10-5-07
--	---------------	---------------------------------	--------------------------------	--	-----------------------

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
--	---	--

Address (complete only if different than shown above)	Date of Service 10/10/07	Time pm	am
	Signature of U.S. Marshal or Deputy BR		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

Waiver